

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

IN RE: Novak, Kim

Case No. _____

STATEMENT UNDER PENALTY OF PERJURY RE:
PAYMENT ADVICES DUE PURSUANT TO 11 U.S.C. § 521(a)(1)(B)(iv)

- ☒ Debtor has attached to this statement copies of all payment advices or other evidence of payment received within 60 days before the date of the filing of the petition from any employer.
- ☐ Debtor has not filed copies of payment advices or other evidence of payment received within 60 days before the date of the filing of the petition from any employer because:
- ☐ Debtor was not employed during the 60 days preceding the filing of the petition;
 - ☐ Debtor was employed for only a portion of the 60 days preceding the filing of the petition. Please specify period during which debtor was unemployed:
 - ☐ Debtor was self-employed during the 60 days preceding the filing of the petition;
 - ☐ Debtor received only unemployment, veteran's benefits, social security, disability or other retirement income during the 60 days preceding the filing of the petition; or
 - ☐ Other (please explain):

I declare under penalty of perjury that I have read this Statement and it is true to the best of my knowledge, information and belief.

Signature of Debtor: Kim Novak Date: _____

- *****
- ☐ Joint Debtor has attached to this statement copies of all payment advices or other evidence of payment received within 60 days before the date of the filing of the petition from any employer.
- ☐ Joint Debtor has not filed copies of payment advices or other evidence of payment received within 60 days before the date of the filing of the petition from any employer because:
- ☐ Joint Debtor was not employed during the 60 days preceding the filing of the petition;
 - ☐ Joint Debtor was employed for only a portion of the 60 days preceding the filing of the petition. Please specify period during which debtor was unemployed:
 - ☐ Joint Debtor was self-employed during the 60 days preceding the filing of the petition;
 - ☐ Joint Debtor received only unemployment, veteran's benefits, social security, disability or other retirement income during the 60 days preceding the filing of the petition; or
 - ☐ Other (please explain):

I declare under penalty of perjury that I have read this Statement and it is true to the best of my knowledge, information and belief.

Signature of Joint Debtor: _____ Date: _____

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Kim Marie Novak

State of Minnesota

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Department	Pay Period End Date	Paycheck Issue Date
T799366	08/03/2010	08/13/2010

Federal W4 Information				State W4 Information			
Status	Allowance	Addl Percent	Addl Amount	State	Resident	Status	Addl Amount
M	6	0.000	0.00	MN	Y	M	0.000

Gross to Net Information							
	Total Gross	Federal Gross	FICA Gross	Medicare Gross	Total Taxes	Total Deductions	Net Pay
Current	1,040.70	986.16	1,038.20	1,038.20	79.41	79.91	881.38
YTD	16,655.53	15,784.75	16,579.25	16,579.25	1,411.84	1,227.04	14,016.65

Earnings (* = Taxable Business Exp/Relocation; # = Non-Paid)						
Description	Prior Period Begin Date	Prior Period End Date	Hours	Rate	Amount	YTD Amount
Regular			70.00	12.440000	870.80	13,273.48
Float Hol			10.00	12.440000	124.40	124.40
Shift Diff			70.00	0.650000	45.50	693.55
Holiday						646.88
Sick Leave						1,082.28
Vacation						796.16
Comp Earnd#						14.00
Other-In						38.78
Total:			150.00		1,040.70	16,655.53

Taxes				
Description	Resident	Taxable Gross	Amount	YTD Amount
Fed Withholding		986.16		29.16
Fed MED/EE		1038.20	15.05	240.40
Fed OASDI/EE		1038.20	64.36	1,027.91
MN Withholding	Y	986.16		114.37
Total:			79.41	1,411.84

Before-Tax Deductions			After-Tax Deductions			Employer Paid Benefits (* = Taxable)		
Description	Amount	YTD Amount	Description	Amount	YTD Amount	Description	Amount	YTD Amount
Dental	2.50	37.50	AFSCME5	15.61	249.76	Medical	223.64	3,354.60
MSRS-GERP	52.04	794.50	EE Life	1.12	16.80	Dental	11.26	168.90

	EE AD/D	0.80	12.00	Admin Fee	4.01	60.15
	Sp Life	1.12	15.68	Basic Life	4.31	64.65
	STD	6.72	100.80	MSRS-GERP	52.04	794.50
				Fed MED	15.05	240.40
				Fed OASDI	64.36	1,027.91
Total:		25.37	395.04	Total:	374.67	5,711.11

Net Pay Distribution	Paycheck Number	Account Type	Financial Institution	Amount
Payment Type		Checking	091903310	881.38

Direct Deposit	Earning Description	Deduction Description
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Kim Marie Novak

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Department	Pay Period End Date	Paycheck Issue Date
T799366	07/20/2010	07/30/2010

Federal W4 Information				State W4 Information			
Status	Allowance	Addl Percent	Addl Amount	State	Resident	Status	Addl Amount
M	6	0.000	0.00	MN	Y	M	0.000


Gross to Net Information							
	Total Gross	Federal Gross	FICA Gross	Medicare Gross	Total Taxes	Total Deductions	Net Pay
Current	1,036.80	984.96	1,036.80	1,036.80	79.33	67.45	890.02

Earnings (* = Taxable Business Exp/Relocation; # = Non-Paid)					
Description	Prior Period Begin Date	Prior Period End Date	Hours	Rate	Amount
Regular			64.00	12.440000	796.16
Sick Leave			10.00	12.440000	124.40
Vacation			6.00	12.440000	74.64
Shift Diff			64.00	0.650000	41.60
Total:			144.00		1,036.80

Taxes			
Description	Resident	Taxable Gross	Amount
Fed Withholding		984.96	
Fed MED/EE		1036.80	15.04
Fed OASDI/EE		1036.80	64.29
MN Withholding	Y	984.96	
Total:			79.33

Before-Tax Deductions		After-Tax Deductions		Employer Paid Benefits (* = Taxable)	
Description	Amount	Description	Amount	Description	Amount
MSRS-GERP	51.84	AFSCME5	15.61	MSRS-GERP	51.84
				Fed MED	15.04
				Fed OASDI	64.29
Total:	51.84	Total:	15.61	Total:	131.17

Net Pay Distribution				
Payment Type	Paycheck Number	Account Type	Financial Institution	Amount
Direct Deposit		Checking	091903310	890.02

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Department	Pay Period End Date	Paycheck Issue Date
T799366	07/06/2010	07/16/2010

Federal W4 Information				State W4 Information			
Status	Allowance	Addl Percent	Addl Amount	State	Resident	Status	Addl Amount
M	6	0.000	0.00	MN	Y	M	0.00

Gross to Net Information							
	Total Gross	Federal Gross	FICA Gross	Medicare Gross	Total Taxes	Total Deductions	Net Pay
Current	1,038.10	986.29	1,035.60	1,035.60	79.21	77.18	881.71

Earnings (* = Taxable Business Exp/Relocation; # = Non-Paid)					
Description	Prior Period Begin Date	Prior Period End Date	Hours	Rate	Amount
Regular			66.00	12.440000	821.04
Holiday			10.00	12.440000	124.40
Sick Leave			4.00	12.440000	49.76
Shift Diff			66.00	0.650000	42.90
Total:			146.00		1,038.10

Taxes			
Description	Resident	Taxable Gross	Amount
Fed Withholding		986.29	
Fed MED/EE		1035.60	15.01
Fed OASDI/EE		1035.60	64.20
MN Withholding	Y	986.29	
Total:			79.21

Before-Tax Deductions		After-Tax Deductions		Employer Paid Benefits (* = Taxable)	
Description	Amount	Description	Amount	Description	Amount
Dental	2.50	AFSCME5	15.61	Medical	223.64
MSRS-GERP	49.31	EE Life	1.12	Dental	11.26
		EE AD/D	0.80	Admin Fee	4.01
		Sp Life	1.12	Basic Life	4.31
		STD	6.72	MSRS-GERP	49.31
				Fed MED	15.01
				Fed OASDI	64.20

Total:	51.81	Total:	25.37	Total:	371.74
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Net Pay Distribution				
Payment Type	Paycheck Number	Account Type	Financial Institution	Amount
Direct Deposit		Checking	091903310	881.71

Earning Description

Deduction Description

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Department	Pay Period End Date	Paycheck Issue Date
T799366	06/22/2010	07/02/2010

Federal W4 Information				State W4 Information			
Status	Allowance	Addl Percent	Addl Amount	State	Resident	Status	Addl Amount
M	6	0.000	0.00	MN	Y	M	0.00

Gross to Net Information							
	Total Gross	Federal Gross	FICA Gross	Medicare Gross	Total Taxes	Total Deductions	Net Pay
Current	1,034.20	982.58	1,031.70	1,031.70	78.93	76.99	878.28

Earnings (* = Taxable Business Exp/Relocation; # = Non-Paid)					
Description	Prior Period Begin Date	Prior Period End Date	Hours	Rate	Amount
Regular			60.00	12.440000	746.40
Vacation			20.00	12.440000	248.80
Shift Diff			60.00	0.650000	39.00
Total:			140.00		1,034.20

Taxes			
Description	Resident	Taxable Gross	Amount
Fed Withholding		982.58	
Fed MED/EE		1031.70	14.96
Fed OASDI/EE		1031.70	63.97
MN Withholding	Y	982.58	
Total:			78.93

Before-Tax Deductions		After-Tax Deductions		Employer Paid Benefits (* = Taxable)	
Description	Amount	Description	Amount	Description	Amount
Dental	2.50	AFSCME5	15.61	Medical	223.64
MSRS-GERP	49.12	EE Life	1.12	Dental	11.26
		EE AD/D	0.80	Admin Fee	4.01
		Sp Life	1.12	Basic Life	4.31
		STD	6.72	MSRS-GERP	49.12
				Fed MED	14.96
				Fed OASDI	63.97
Total:	51.62	Total:	25.37	Total:	371.27

Net Pay Distribution				
Payment Type	Paycheck Number	Account Type	Financial Institution	Amount
Direct Deposit		Checking	091903310	878.23

Earning Description	Deduction Description
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